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To:

NAME:	FACSIMILE:	TELEPHONE:
USPTO MS Amendment	(571) 273-8300	

FROM: Barbara M. Hayashi

DATE: July 27, 2005

Number of pages with cover page:	9	Our Reference 480062001800
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Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2

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**Comments:**

Application No. 10/727,287

Attached: 1) Transmittal Form, 2) Fee Transmittal, 3) Response to Restriction Requirement - 2 pages, 4) Supplemental IDS Statement - 3 pages, 5) PTO/SB/08a/b - 1 page.

oc-301093

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PTO/SB/21 (09-04)

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>		Application Number	10/727,287
		Filing Date	December 3, 2003
		First Named Inventor	Scott W. SANDERS
		Art Unit	3763
		Examiner Name	A. S. Ahmed
Total Number of Pages in This Submission	8	Attorney Docket Number	480062001800

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply - 2 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement - 3 pages <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/08a/b - 1 page
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP, Customer No. 25224		
Signature			
Printed name	Todd W. Wight		
Date	July 27, 2005	Reg. No.	45,218

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. 571-273-8300, on the date shown below.	
Dated: July 27, 2005	Signature:  (Barbara Hayashi)

oc-301098

PAGE 2/9 \* RCVD AT 7/27/2005 7:31:27 PM (Eastern Daylight Time) \* SVR:USPTO-EFXXF-6/26 \* DNIS:2738300 \* CSID:949 251 0900 \* DURATION (mm-ss):03-26

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JUL 27 2005

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0551-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>Effective on 12/03/2004.</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/727,287	
		Filing Date	December 3, 2003	
		First Named Inventor	Scott W. SANDERS	
		Examiner Name	A. S. Ahmed	
		Art Unit	3763	
TOTAL AMOUNT OF PAYMENT	(\$)	180.00	Attorney Docket No.	480082001800


  

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
- 20 =		x	=		Fee (\$)		Fee Paid (\$)
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 3 =		x	=				
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 100 =	/50	(round up to a whole number) x	=				
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement						180.00	

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	45,218
Name (Print/Type)	Todd W. Wight	Telephone	(949) 251-7189
		Date	July 27, 2005

oc-301099

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Dated: July 27, 2005

Signature: 

(Barbara Mavashi)

JUL 27 2005

Docket No.: 480062001800  
(PATENT)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Scott W. SANDERS

Application No.: 10/727,287

Confirmation No.: 4663

Filed: December 3, 2003

Art Unit: 3763

For: PORT STEM MARKING FOR CATHETER  
PLACEMENT

Examiner: A. S. Ahmed

**RESPONSE TO RESTRICTION REQUIREMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the restriction requirement set forth in the Office Action mailed July 1, 2005, Applicant hereby provisionally elects claims 1 for continued examination.

The Examiner has required restriction between 11 identified species as follows: A. FIGS. 2A and 3A; B. FIG. 4A; C. FIG. 4B; D. FIG. 4C; E. FIG. 6; F. FIG. 7; G. FIG. 8A; H. FIG. 9A; I. FIG. 9B; J. FIG. 10; K. FIG. 11. The Examiner states that no claim is generic. Applicant elects species A (FIGS. 2A and 3A, claims 1-8, 13, 16, 19-24) for continued examination without traverse. Applicant notes, however, that claims 1, 13, 16 and 21 are generic to all species.

In the unlikely event that the transmittal form is separated from this document and the Patent Office determines that an extension and/or other relief is required, Applicant petitions for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to Deposit

oc-301086

Application No.: 10/727,287

2

Docket No.: 480062001800

Account No. 03-1952 referencing (480062001800). However, the Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Dated: July 27, 2005

Respectfully submitted,

By 

Todd W. Wight

Registration No.: 45,218

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oc-301086